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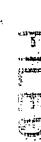
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SEGRETARY OF STATE:



COVER LETTER

Division of Corporations			
SUBJECT: VERSATIL, LLC. (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARTHA BELLO DR IMILSIS WONG (Name of Person) Weatha Bello Versalill LLC (Firm/Company)			
(Firm/Company)			
6402 N. Hubean Ave (Address)			
TANDA. FL. 33614 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MARTHA BELLO at (813) 447 - 6464 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

in the State of Florida.	
1. Name of the limited liability company: VERSATI	L, LLC.
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	6402 N. HUBERT AVE TAMPA. FL. 33614
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.D. BOX 151693 TANPA.FL. 33684
02.02.2009	L09000010395
3. Date of filing/registration in Florida 4	I. Document number の意
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State
Registered Agent:	JOHN F. ARROSE 5
Registered Office Address:	1850 TINKER De.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	MARTHA BELLO 6402 N. HUBERT AVE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TAMPA ,FL 33614
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the pro-	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the profam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	ns registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00